



NORWOOD VOLUNTEER MEDICAL CORPS
NORWOOD HEALTH DEPARTMENT

Norwood Town Hall, PO Box 40, 566 Washington Street Norwood Ma 02062

Telephone: 781-762-1240

www.ci.norwood.ma.us

VOLUNTEER APPLICATION

Name:

Last

First

MI

Address:

Street

City

State

Zip

Phone:

Home

Work

Cell

E-mail

Pager

During which hours might you be available to attend trainings?

____ Weekday mornings

____ Weekday afternoons

____ Weekday evenings

____ Weekend mornings

____ Weekend afternoons

____ Weekend evenings

Licenses & Certifications

Medical License (specify type)

State

Number

Expiration

Nursing License (specify type)

State

Number

Expiration

EMT/Paramedic License (specify type)

State

Number

Expiration

Other License (specify type)

State

Number

Expiration

Certification (list/describe)

Expiration

Certification (list/describe)

Expiration

Have you ever had your professional license suspended or revoked? ____ No ____ Yes (Please attach letter of explanation)

Have you ever been convicted of a felony, or of a misdemeanor that resulted in imprisonment, which was not a first offense?

____ No ____ Yes

What are you volunteering for?

Emergencies ONLY: ____

Emergencies AND Non-emergencies (i.e. Flu clinics, health education): ____

Local Volunteer ONLY: ____ Regional Volunteer ONLY: ____ BOTH local and Regional Volunteer: ____

Language Fluency in addition to English, including sign language. Please circle your capabilities for each.

Language

Speak & Understand

Read & Translate

Write

Language

Speak & Understand

Read & Translate

Write

Language

Speak & Understand

Read & Translate

Write